January 8, 2019

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 2124401850

Submitted electronically to www.regulations.gov

Re: CMS-9922-P

Dear Ms. Verma:

The National Council on Aging (NCOA) appreciates the opportunity to comment on the proposed Exchange Program Integrity rule (CMS 9922-P). The National Council on Aging (NCOA) is one of the nation’s leading nonprofit service and advocacy organization representing older adults and the community organizations that serve them. Our goal is to improve the health and economic security of 10 million older adults by 2020.

CMS proposes a number of changes to reduce the number of individuals who are dually enrolled in Exchange plans and Medicare (as well as other forms of minimal essential coverage). While we are concerned about the number of beneficiaries who have inadvertently delayed Part B enrollment and stayed on Exchange plans, we are concerned about the proposed tactics in this rule to remove beneficiaries from Exchange plans.

NCOA is particularly concerned about CMS’ proposal to enable Exchanges to remove beneficiaries from Exchange plans if the beneficiaries are eligible for or enrolled in Medicare Part A, if beneficiaries authorize Exchanges to access this information. As CMS states, beneficiaries are often dually enrolled or delay Medicare coverage because they are not fully informed. By terminating beneficiaries’ coverage on Exchanges, CMS would take the decision out of beneficiaries’ hands. This would likely lead to harmful gaps in coverage for beneficiaries that have little support or understanding of their Medicare coverage options. CMS even indicates that they would be unable to help beneficiaries understand their Medicare eligibility. Although CMS indicates that beneficiaries would have to opt into sharing their information, and that Exchanges would have to give beneficiaries a 30-day warning, beneficiaries would likely still not have enough information to make optimal coverage decisions and transition directly into Medicare.

Without equitable relief or a special enrollment period, these beneficiaries could be left without coverage for up to a year, until the next General Enrollment Period. If CMS advances the proposed strategies in this rule to address dual enrollment in Exchange plans and Medicare, we ask that CMS minimally engage in rigorous beneficiary testing of
the revised application for Exchange coverage, to ensure that any questions about sharing information regarding Medicare eligibility is both maximally visible and understandable.

Individuals who are enrolled in an Exchange plan and eligible for or enrolled in Medicare often are in this situation inadvertently, because they did not receive adequate information on whether to enroll in Part B in advance of their initial enrollment period. CMS should work with the Social Security Administration (SSA) to identify Marketplace enrollees who are approaching Medicare eligibility, in order to send notices about their impending eligibility for Medicare prior to and during the first month of an individual’s Initial Enrollment Period. NCOA, along with the Medicare Rights Center, has created resources to help individuals transitioning from Exchange plans to Medicare – and we encourage CMS to engage with us on ways to improve education of individuals making this transition, so they make informed decisions.¹

We also continue to encourage CMS and the SSA to work together to ensure all beneficiaries, regardless of their coverage status, are better prepared for the Medicare enrollment process, including understanding the need for an active decision about enrolling in Part B, and information about Medicare Savings Programs, Part D Extra Help, and other coverage decisions.

Thank you again for this opportunity to share our comments. If you have any questions or if we can be of any further assistance, please contact Samantha Zenlea at Samantha.Zenlea@ncoa.org.

Sincerely,

Samantha Zenlea
Senior Regulatory Policy Specialist